

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		03-13-01
O.I.P.E. CLASSIFIER		48	3/28/01
FORMALITY REVIEW	<i>SM</i>	7080A	4/12/01
RESPONSE FORMALITY REVIEW	<i>SG</i>	1077	6/27/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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*Handwritten:* 04/17/01